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MARK HOMER	(Depositor's name)
<i>Mark Homer</i>	(Signature)
1/24/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/750,574	12/09/2003	Gregory Bearman	NPO-30807-1-CU	8855

TITLE OF INVENTION: RING-INTERFEROMETRIC SOL-GEL BIO-SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DETSCHER, MARISSA	2877	356-517000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MARK HOMER

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THE UNITED STATES OF AMERICA AS  
 REPRESENTED BY THE ADMINISTRATION OF THE  
 NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WASHINGTON, DC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0116 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Mark Homer*Date 1/24/06

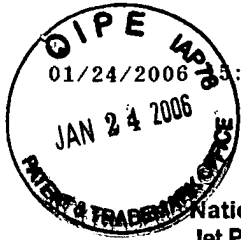
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Registration No. 41,848

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DATE: 1/24/06

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TO: Commissioner for Patents, Mail Stop: Issue Fee  
FAX: 571-273-2885  
FROM: Mark Homer

SUBJECT: Issue Fee Transmittal for Application No. 10/750,574

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